



Minnesota Board of Marriage and Family Therapy

2829 University Avenue SE, Suite 400

Minneapolis, MN 55414-3222

Telephone: (612) 617-2220 Fax: (612) 617-2221

Email: mft.board@state.mn.us

Website: www.bmft.state.mn.us

Hearing Impaired-Minnesota Relay Service: 1-800-627-3529

COMPLAINT REGISTRATION INSTRUCTIONS

Minnesota Statutes, Section 214.10 requires that a complaint to a Board be submitted in writing. Please complete the attached complaint registration form as follows:

Section 1: Provide your full name, current mailing address, contact telephone number(s) and email address.

Section 2: Provide the name of the individual against whom you are filing the complaint. Also, provide that person's address and phone number if you have this information.

Section 3: Please state, with as much detail as possible, all of the facts related to the complaint you are submitting to the Board. Include any information, such as names, dates, times, or places that may be relevant to our investigation, as well as any documents or records that are in your possession or list those which you know exist and where they may be obtained. If you submit original records or documents, please indicate that they are originals, so that they may then be copied and returned to you. The Board may or may not contact you for additional information.

The use of this form is not required. However, if you chose to write your complaint in a different format, be sure to provide the information requested in sections 1, 2, and 3 above.

Please note that the Minnesota Board of Marriage and Family Therapy's authority to investigate complaints is limited to those submitted on: Licensed Marriage and Family Therapist (LMFT), Licensed Associate Marriage and Family Therapist (LAMFT), applicants for licensure, and individuals practicing marriage and family therapy without a license in the State of Minnesota. Additionally, state law does not give the Board of Marriage and Family Therapy jurisdiction over fees charged for therapy services.

Minnesota law requires that a notarized complaint be on file with the Board before a hearing is scheduled. (Note: Not all complaint investigations result in a hearing.) After you sign the complaint form (or your complaint in a different format) in the presence of a notary, send it to the Board.

The Board will notify you in writing upon receipt of your complaint. You will also be notified in writing of the disposition of the complaint when the investigation is concluded.

This document is available in alternative formats to individuals with disabilities by calling (612) 617-2220 or through the Minnesota Relay Service at (800) 627-3529.

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COMPLAINT REGISTRATION FORM**NOTICE OF RIGHTS UNDER THE MINNESOTA DATA PRACTICE ACT**

Data is compiled to investigate, conciliate, mediate, litigate or otherwise resolve an allegation of violating applicable law or administrative rule governed by the Minnesota Board of Marriage and Family Therapy (Board). While you may refuse and are not legally required to supply private or confidential data, failing to provide data requested may result in dismissal of the complaint. Data you provide will be available to Board members, staff involved in processing the complaint, and may be released to other regulatory or investigative agencies, including but not limited to the Office of the Minnesota Attorney General. In the event disciplinary or corrective action is issued, information used to substantiate the action may be made public. The identity of the complainant, however, is not made public.

SECTION 1:*YOUR NAME, ADDRESS, PHONE NUMBER(S) & EMAIL***NAME:****STREET ADDRESS:****CITY:****STATE:****ZIP:****PRIMARY PHONE:****ALTERNATE PHONE:****EMAIL:****SECTION 2:***NAME, ADDRESS, PHONE NUMBER OF INDIVIDUAL YOU ARE FILING COMPLAINT ABOUT***NAME:****STREET ADDRESS:****CITY:****STATE:****ZIP:****PHONE:**

STATEMENT OF COMPLAINT (Use additional sheets as necessary)

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Complainant Signature

Notary Stamp:

FormVer – 4/2015 MN Board of MFT/Complaint Registration Form